

McLaren Print System Order**Order No: 80485****Order Date: 2023-10-15****User: Graphics Dept****Phone:****Ship Location: McLaren Lapeer Attn: Shawna Carpenter
1375 N Main St xxxx
Lapeer, MI 48446****Form****Quantity: 2500****Paragon Dept No: 13340****Dept Name: Behavioral Health****Company Number:****Order Total Price: 75.50****Item Number: MTR-18****Item Description: Pulmonary Exercises****Revision Date: 10/2023****Print: 1 sided black and white****Paper: 20# White Text****Size: 8.5 x 11****Fold:****Finish: None****Drill: None****Poster:****Misc Info: 8.5x11 Black SS**



1100 S. Van Dyke
 Bad Axe, Michigan
 (989) 269-8933 ext. 4399 • Fax (989) 269-2658
 Call 989-269-1565 to schedule an appointment

Pulmonary Exercise/Stress/6MW Test

Name: _____ MR#: _____ Date: _____ DOB: _____

Physician: _____ TECH: _____ HT: _____ WT: _____ AGE: _____

Diagnosis: _____

Treadmill: _____ Hallway: _____ Ambulate W/O O₂: _____ Ambulate W/O₂: _____

Pred Max HR: _____ 85% Max HR _____ O₂ L/min VIA: NP _____ TTO Cath Pulse _____ Continuous _____

Time (min)	Speed (mph) Grade %	O ₂ (l/min)	SaO ₂	HR	RPE* BP	METS or Distance (ft)
Rest						
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____

Total ft. _____

Meters _____

SpO₂ Nadir _____

*Rate of perceived exertion (1-10 Dyspnea scale)

Recovery

_____ min _____

COMMENTS:

Spec Info:

INTERPRETATION:

RECOMMENDATIONS:

Physician Signature: _____ Date: _____